

EMPLOYEE INFORMATION SHEET  
DIOCESE OF KANSAS CITY-ST. JOSEPH

PLEASE PRINT OR TYPE

FAX Completed form to Phyllis Bowen at 816-756-0380

POSITION INFORMATION **TO BE COMPLETED MANAGER**

Staff Person

Completing this Form \_\_\_\_\_ Phone \_\_\_\_\_ Location \_\_\_\_\_

**New Employee:** Hire Date \_\_\_\_\_ (Check one) Parish \_\_\_ School \_\_\_ ECC \_\_\_

**Re-Hire:** Previous Location \_\_\_\_\_ Date of Employment \_\_\_\_\_

**Termination:** Termination Date \_\_\_\_\_ **Eligible for Rehire?** Yes  No

**Transfer:** From \_\_\_\_\_ To \_\_\_\_\_

**Address Change:** Enter new address below \_\_\_\_\_

**Name Change:** Enter new name below \_\_\_\_\_

**Hours Worked Change:** Date of change \_\_\_\_\_ Enter new hours worked below \_\_\_\_\_

**Salary Change:** Date of change \_\_\_\_\_ Enter new salary below \_\_\_\_\_

**Other Change:** Type of change \_\_\_\_\_ Date of change \_\_\_\_\_

EMPLOYEE INFORMATION

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

First Middle Last

Address \_\_\_\_\_ Date of Birth \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Previous Name If Applicable \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Email \_\_\_\_\_

Marital Status \_\_\_\_\_ Sex M \_\_\_ F \_\_\_ Highest Degree \_\_\_\_\_ Major \_\_\_\_\_

Who to contact in case of emergency: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

(Non-Teacher) JOB INFORMATION (PLEASE PRINT)

\_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ %  
Title Class/Level Hrs/Week # of Months Midpoint Salary Midpoint %

(Teacher) JOB INFORMATION (PLEASE PRINT)

\_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
Degree Step Hrs/Week # of Months Salary Extra Total

BENEFIT INFORMATION **TO BE COMPLETED BY EMPLOYEE**

All Employees working 25 hrs/week or more must complete this section to enroll in Pension, Life, AD&D, and Disability.

Have you worked for the diocese previously? Yes  No  If yes, where and when? \_\_\_\_\_

Are you vested in the diocesan pension plan? Yes  No

Are you receiving retirement benefits from the diocese? Yes  No

Are you transferring from one location to another? Yes  No  If yes, previous location \_\_\_\_\_

Do you work for more than one parish/school? Yes  No  If yes, where \_\_\_\_\_

Diocesan Beneficiary Information

Beneficiary Name (First, MI, Last) \_\_\_\_\_ Date of Birth \_\_\_\_\_ SS Number \_\_\_\_\_ Your Relationship to Beneficiary \_\_\_\_\_

Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_